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ABSTRACT

This essay describes the relationship of population to the overall development process and is based on a special university lecture given at the London School of Hygiene in February, 1974. The contents include discussions of population trends, reasons for the population explosion, the structure of populations, development inequalities, urbanization, education, employment, health needs, and family planning programs. There is a list of references at the end of the essay. International Planned Parenthood Federation publications for further reading are also given. (Author/MA)

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Occasional Essay Number 2

Population and National Development

— the dilemma of developing countries

Fred T. Sai

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Population and National Development

— the dilemma of developing countries

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3

This essay describes the relationship of population to the overall development process and is based on a special university lecture given at the London School of Hygiene in February 1974. For a more detailed description of the way in which population and family planning programmes may be implemented as part of family health, see the companion monograph *Defining Family Health Needs, Standards of Care and Priorities.*

The views expressed here are those of the author. The paper is published by the IPPF as a contribution to the better understanding of population and development issues and not as a statement of policy.

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CONTENTS

	Page
Introduction	5
Development	5
World population and future trends	6
Reasons for population explosion	7
Structure of populations	10
Development inequalities	11
Urbanization	12
Education	14
Employment and labour	18
Food, nutrition and health	20
Population and the development crisis	24
Population and family planning programmes	25
Conclusion	29

INTRODUCTION

International debate about world population and its related problems is not as recent as some would have us believe. Throughout the late 18th and 19th centuries, there were expressions of concern about both national and global population. Gloomy prognostications were made; and various societies formed to study the subject and recommend action. Perhaps the best remembered is the position of the Rev. Thomas Malthus[1] who forecast a world in which population had outstripped its food resources—a prophecy to be confounded by the intervention of improved agro-technology.

Though the simple theory of population versus food resources was rightly discarded, other issues were taken up. Possibly the most important was that of population and the family, including human rights. After individuals such as Margaret Sanger, Elise Ottesen-Jensen, Helena Wright, Marie Stopes and Lady Rama Rau had battled at national levels for the right to birth control they came together, with others, to form the International Planned Parenthood Federation which helped to champion this issue until it became respectable in United Nations and other international circles in the 1960s.[2]

In the last few years, however, the population issue has been debated in a way which tends to polarize thinking into camps—the more developed, or industrialized nations, versus the less developed. This polarization has been accentuated by discussions on the consumption of world resources; the degradation of the world environment; and the 'jungle laws' which seemed to have guided international trade for so long. The World Population Conference of the United Nations, Bucharest 1974, underlined this trend, with many participants claiming that the question was one of development, rather than of population dynamics.

Whilst it is true that the population issue cannot be isolated from any of these other matters, it is equally true that it can, and ought to, be looked at dispassionately if its true significance to national and international peace and progress is not to be lost. Fortunately most of the major developed countries have populations which are growing very slowly, if at all. They have started showing an awareness of their contribution to wasteful consumption of world resources and their disproportionate contribution to environmental degradation. If this awareness could lead to rational action, then some of the heat would be taken out of discussions on world population growth and the problems it poses within the developing countries.

DEVELOPMENT

During the last two decades much national and international effort has gone into analysing, and attempting solutions to, the problems of development. Many efforts at planning for economic development have been undertaken. Although not on a scale commensurate with the need, a growing volume of international assistance has flowed from the more developed to the less developed countries; for most of this period, however, the goals of development have not been projected in human terms, and the impact of these laudable efforts in the alleviation of human misery has remained relatively small.

Development has generally meant 'economic' development. The location and progression of developmental activities have helped to accentuate many human problems. The most obvious has been the growing disparity in 'affluence' between the more advanced and the less developed countries. Nor is this situation confined only to international levels. Within countries much of development effort has led to the generation of 'poles of affluence', generally around major towns and cities, and extreme poverty, usually found in the so-called peri-urban slums and the rural areas. The general increase in population of developing countries, coupled with a near explosive increase in the growth of cities in these areas, helps to compound the problems further.

Lately, efforts have been directed towards the re-orientation of development. The pursuit of 'the new international economic order' is aimed at preparing the ground for more rational, international, co-operation which would finally lead to a better understanding of how to handle terms of trade, aid, and the transfer of technology between developed and developing countries in order to narrow the gap of affluence. Unfortunately, the international debate and efforts are frequently not accompanied by efforts along similar lines within nations. The disparity between the wealthy and the poor of the same country may be very great indeed. The distribution of services is totally unrelated, in the majority of cases, to the real needs of the populations, and not in accord with often-voiced policies.

WORLD POPULATION AND FUTURE TRENDS

There were estimated to be about 4 billion* people in the world in 1976. It took from the beginning of man to about 1830 for the population to reach one billion inhabitants. The second billion was added in the next 100 years; the third in 30 years; and the fourth by early 1976—an interval of just over 15 years. It is claimed that if present growth rates continue, by the year 2000 the world population will be nearly 6·5 billion.[3] This explosive rate of growth of the world's population is a recent phenomenon which is accelerating all the time.

It was not really until 1950—that is, after the last World War—that the immense growth rate that we are witnessing today started. The growth rates of the more developed countries, both historically and at present, differ sharply from those of the less developed countries. In the second half of the 19th century, the growth rate of the world reached 0·5 per cent per year, and in the first half of this century it reached 0·9 per cent. Now it is around 2·2 per cent (under 1·5 for the advanced, and 2 to 3·5 for the less developed countries).[4] The population boom of the period when Europe was experiencing the industrial revolution only saw growth rates of about 1 per cent per annum—far below the norm for many developing countries today. The proportion of the world's people living in what are described as 'developing countries' in 1970 was 66–70 per cent; by the turn of the century it is estimated that between 80 and 85 per cent of the world's people will be living in these areas.

*1 billion = 1 thousand million

Table 1: Comparative World Population Trends[8]

	Year				
	1850	1900	1950	1968	2000
Population (millions):					
Advanced nations	345	562	834	1038	1245–1516
Less developed nations	919	1080	1683	2445	4204–5478
Total	1264	1642	2517	3483	5449–6994
Percentage increase since previous data:					
Advanced nations	1·0	0·8	1·1	1·2	0·6–1·2
Less developed	0·3	0·9	1·1	2·1	1·7–2·6

REASONS FOR POPULATION EXPLOSION

What are the reasons for this explosion? Firstly, it is conceded that in most of the industrialized areas of the world, the population explosion took place at a time when there was tremendous economic and social uplift. This led to a fall in the mortality and morbidity rates, especially of infants and those in early childhood. This was later assisted by improved health care subsequent to the application of new bio-medical technology—immunization, germ killers and environmental sanitation.

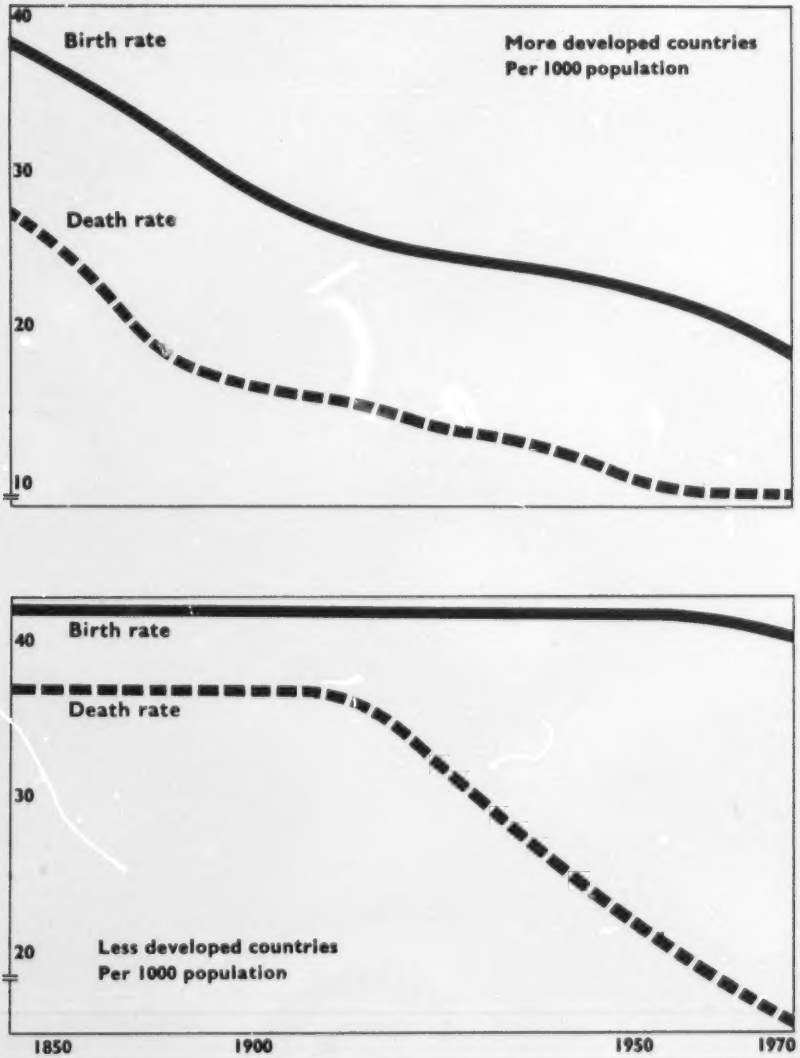
In developing countries the order of events is not the same. One may say that the Fourth Horseman of the Apocalypse has suddenly lost his power to keep down the population. Perhaps we should remind ourselves at this stage of what was stated in Revelations VI, verse 8:

> And I looked and beheld a pale horse: and his name that sat on him was Death, and Hell followed with him. And power was given unto them over the fourth part of the earth, to kill with sword, and with hunger and with death and with the beasts of the earth.

A look at Africa alone might illustrate this point. The old inter-tribal wars and slavery have been stopped. Though famines persist they are rapidly contained, while the ravages of locusts are nowhere near their historical extent. But above all, the application of such aspects of bio-medical technology as sulpha drugs for cerebro-spinal meningitis, penicillin for pneumococcal pneumonia and yaws, anti-malarials, vaccinations against smallpox, immunization against yellow fever, has played a major role in staving off death. The high mortality rates that we see in Africa today would be very much higher but for these interventions, however imperfectly they are being used. A similar situation has occurred in all developing countries.

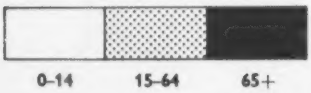
The less developed countries have had the benefits of bio-medical technology long before their social circumstances have markedly changed. The decreases in mortality and morbidity have been most noticeable since the 1950s. If the causes of the fall in the death rates are examined, it becomes immediately obvious that the major declines in mortality and morbidity have taken place in infectious and communicable diseases,

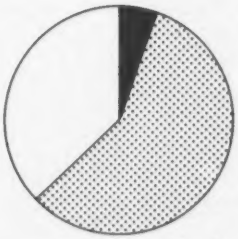
Table 2: Birth and Death Rates by Major Regions, 1850–1970



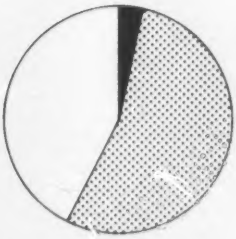
Source: United States Agency for International Development, Population Program Assistance, 1970

Table 3: Percentage Age Distribution of Major Areas, 1970



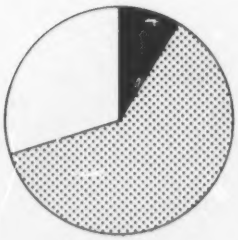


World



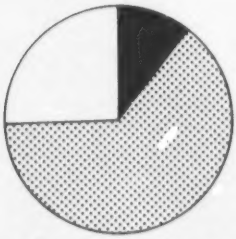
Africa

Latin America

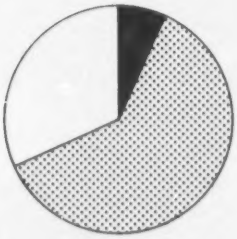


North America

Asia



Europe (including USSR)



Oceania

Source: World Population Prospects, 1965–2000, As Assessed in 1968, United Nations, ESA/P/WP.37, December 1970

Photo: Mark Edwards

and especially among young children. This immediately leads to a prolongation of life expectancy, and contributes to the population explosion. Medicine has won over death, but are the lives saved made worth living? The gains have occurred so rapidly, and the present rates of illness and death still remain so high, as to make little impact on the feelings of insecurity and near fatalism of the majority of citizens of these countries.

STRUCTURE OF POPULATIONS

A population is not a problem simply because it is quantitively large. The type of structure of that population in relation to the resources that it needs for adequate life and progress is very important. In the developing countries, around 20 per cent of the population is under five years of age, and in many 40 to 50 per cent is under 15 years of age. With another 4 or 5 per cent too old to work, there is a dependent population of around 50 per cent, compared to the lower than 30 per cent dependency rates

of the more developed countries. The large number of young people in the population means not only increased requirements for everything that contributes to national and individual development, but also that the society has a very high inbuilt reproductive potential. The crude birth rate in many of the less developed countries is 34–45 per thousand. In agrarian communities, where women are part of the labour force, pregnancy and childbirth alone must reduce productivity quite markedly.

DEVELOPMENT INEQUALITIES

Development used to be equated with the increase in the gross national product of a country, and of its per capita income: to some extent this is still the case. Although

Table 4: Distribution of World Income, 1960 and 1971, by Quintiles

	Share of income		*Cumulative share*	
	1960	*1970*	*1960*	*1970*
Poorest 20 per cent	3·0	2·1	3·0	2·1
21–40 per cent	3·9	3·1	6·9	5·2
41–60 per cent	5·2	4·4	12·1	9·6
61–80 per cent	16·9	19·1	29·0	28·7
Richest 20 per cent	71·0	71·3	100·0	100·0

Source: King, Timothy: *Population policies and economic development—a World Bank staff report* (Baltimore, Johns Hopkins U.P. for the World Bank, 1974) p. 37

GNP is an index of overall national wealth, it nonetheless bears little resemblance in many of the developing countries to what is actually happening to the population. There are countries in which 20–30 per cent of the population consume 60–70 per cent of the national wealth; where increase in GNP simply widens the gap between rich and poor.[8]

From a simple health point of view, one may define development as the organization of society in such a way that the basic essentials of health and life with dignity are assured for the generality of the population. This would include adequate housing, adequate food, adequate health coverage in time of need, and education, as well as job opportunities, for the major proportion of the people. This in its turn implies that the index of development need not be measured by per capita income or gross national product, but should be a weighted index which takes cognizance of how the gross national product is distributed among the population as a whole.

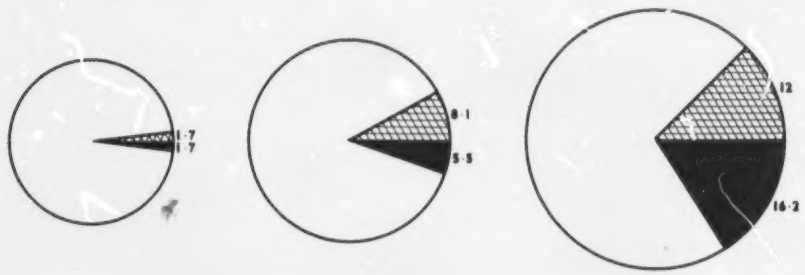
In many of the developing countries, excessive concern with the generation of foreign exchange for capital goods, the generation of quick profits, import substitution industries, the over-concentration on cash crop agriculture (at times with very much increased capitalization), have led to unequal development, which has in turn created poverty even in areas where poverty was initially not very overt. Very rapid and unplanned urbanization has been one visible result of unequal development.

URBANIZATION

One of the major population problems of less developed countries is their very rapid rate of urbanization. Latin American countries now have 30–50 per cent of their people living in towns; in Africa, which is the least urbanized of the continents, urban dwellers now account for 10–25 per cent of the total population. But urbanization all over the developing world is now at rates of between 5 and 12 per cent per year—far in excess of the population growth rate. (There are indeed cities in Africa such as

Table 5

1800	1900	1950
World population 0·9 billion	World population 1·6 billion	World population 2·5 billion
Urban population 3·4%	Urban population 13·6%	Urban population 28·2%



World urbanization 1800–2000
Percentage of world population living in urban areas

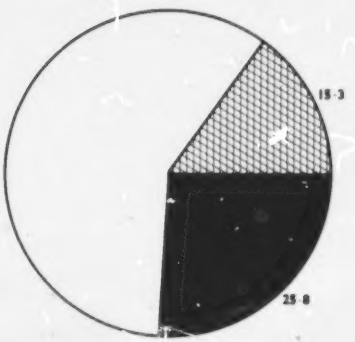
Living in cities of 5000–100,000

Living in cities of 100,000 or more

Source: Population Reference Bureau Inc. Washington D.C., 20036

Conakry and Kinshasa that are known to have trebled or quadrupled their size in a decade[7]). This rate of urbanization has led to the creation of shanty towns or *favellas*; it has led to the phenomenon of large groups of unemployed, poorly-educated city folk who are living in degradation and squalor. Unlike the rapid urbanization in Europe which occurred largely in response to job opportunities during the industrial revolution, the new townsmen of the developing countries are running into towns to escape the desperate hopelessness of rural living. Some fare much worse in the cities.

1975
World population 4·0 billion
Urban population 41·1%



2000
World population 6·3 billion
Urban population 55·0%

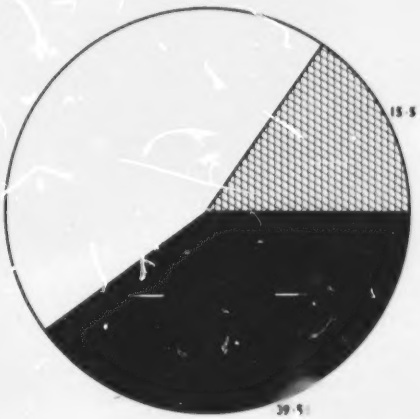
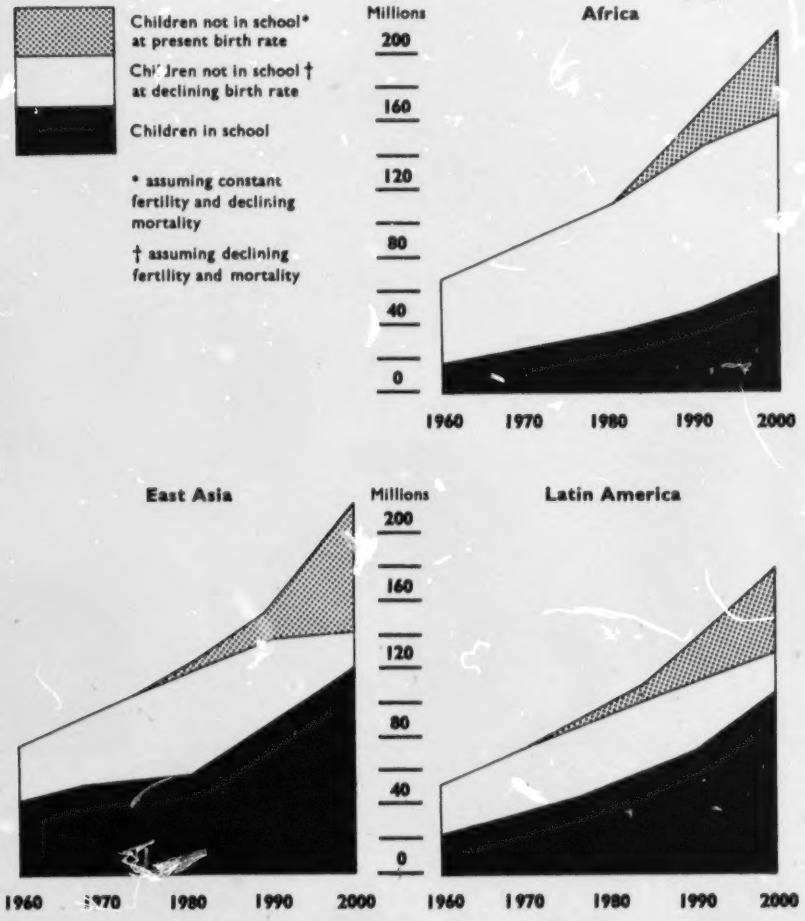


Photo: Mark Edwards

EDUCATION

Another major concern of development is education. Many countries have education policies aimed at free primary education for all their citizens. But there are very few countries where the goal has been achieved, or where there is any hope of its achievement. By 1970, when Ghana had had free education for over 10 years, it was estimated that of children aged between 6 and 10, only some two-thirds were at school.[8] What is even more significant is that, of the group at school, the percentage getting places in secondary schools was falling rather than increasing, simply due to the ever-increasing numbers of children. Even if, by some chance, the country were able to create enough school rooms, it would be very hard put to it to train, in sufficient time, the number and quality of teachers required. University places are even more restricted. The whole

Table 6: Population Pressure on Education in Selected Regions, 1960–2000



Source: United States Agency for International Development, Population Program Assistance (Washington D.C., 1970): estimates based on United Nations projections

16

Photo: Mark Edwards

Photo: Mark Edwards

situation, therefore, is almost an 'Alice Through the Looking Glass' one, where the country is having to run very fast simply to stand in the same place. Ghana's case is not an isolated example. Many other countries with rapidly growing populations face the same problem. Yet education itself is necessary not only for individual and national development but for full participation in all national life.

EMPLOYMENT AND LABOUR

It has been estimated that of the total labour force of the developing countries (excluding China) 24·7 per cent was either totally unemployed or under-employed during 1970, and this percentage is expected to increase to 28·5 per cent by 1980.[9] This may be an under-estimate. The statistics are based on national labour reports. In many developing countries, women in peasant work are not generally counted within the labour force. If women of working age in rural areas are added to these figures then the percentages of partially employed or totally unemployed in the developing countries would become quite staggering.

Another important feature of the unemployment problem is in relation to education.

Table 7: Unemployment and Under-employment in the Less Developed Countries*

	Year	Total labour force	Total employed	Fully employed	Under-employed	Unemployed	Total unemployed and under-employed
Million population	1970	670	634	504	130	36	166
	1980	840	792	592	200	48	248
Percentages	1970	100·0	94·7	75·3	19·4	5·3	24·7
	1980	100·0	94·3	70·5	23·8	5·7	29·5

*Excluding China

Source: Address to the Board of Governors by Robert S. McNamara, President, World Bank Group, Washington D.C., September 1971

After 14 years of education, youngsters may still find themselves jobless. One is then bound to ask what is the purpose of education? Is it simply to satisfy the individual's right to be educated? If such is the case, then it is a poor investment. Is the economy so badly managed that job opportunities are not created? The plain truth is that it takes a lot of investment to create jobs. For example, it was calculated for one developing country in 1971 that $4,000–16,000 was required to create one urban job.[10] The amount of money required to bring new land into production is also high. No matter what the critics of population concern say about the overall availability of land, the new agricultural technologies require very high investment for their full exploitation. With 25–30 per cent of developing country budgets being spent on education alone and similar amounts for other social services for a growing population, there is a serious limitation on the amount available for investment.

FOOD, NUTRITION AND HEALTH

Food and nutrition have been used as one of the major arguments in the population issue. Since the Malthusian projections, the arguments have fluctuated over the food versus population equation. Changes in agricultural technology and, more recently, the development and widespread cultivation of high-yielding varieties of wheat and rice, indicate that food and nutrition need not be a limiting factor for the world's population.

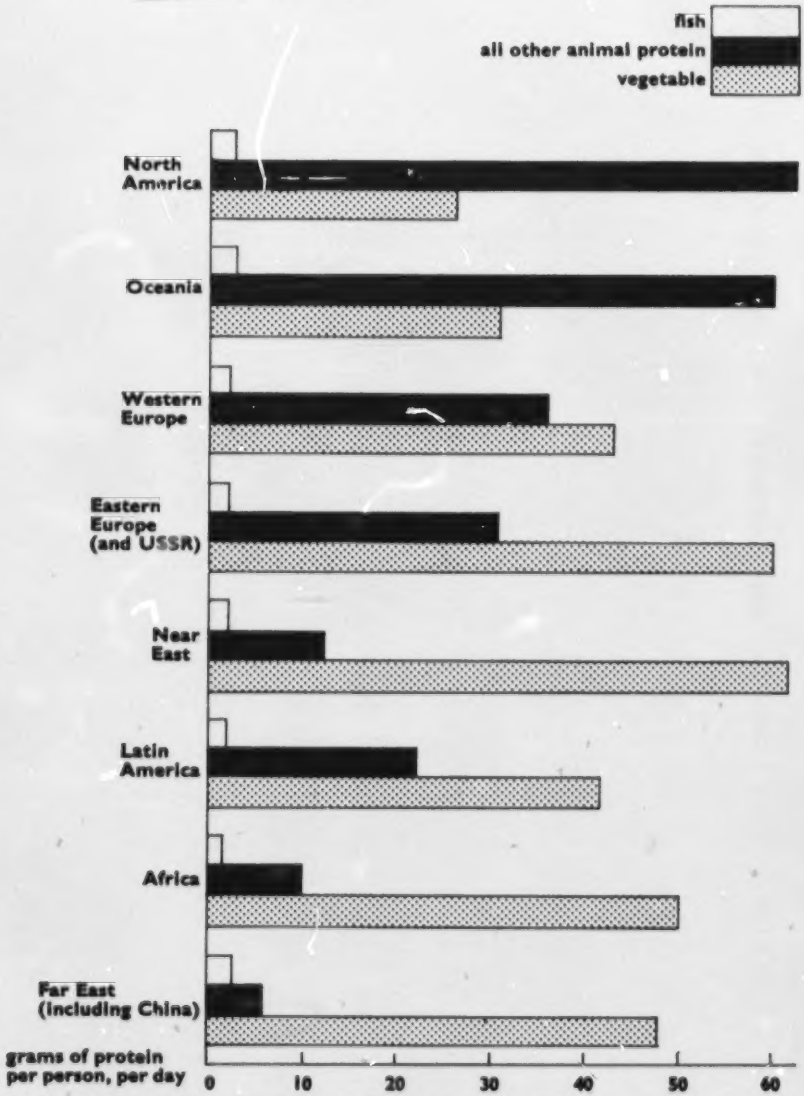
Globally the world can produce enough food to feed a much larger population than we have at the present time. However, global production and individual food consumption are not necessarily related. It is estimated that the countries covered by the European Economic Commission of the United Nations—that is, all of Europe plus North America and the Soviet Union—produce between them 70 per cent of the world's total food, and all of the remainder produce the other 30 per cent. However, food is an item of trade and its distribution has the usual restrictions; surpluses in one country are of little use to another. Even within the same country there may be a glut of food in one province while near starvation exists in another. The lack of development of roads, markets, storage and processing facilities may all aggravate food and nutrition problems unnecessarily.

Good food and nutrition are at once a result of economic progress and a contributor to good development.[11,12] Problems related to under-nutrition and nutrient deficiencies are rare in the more advanced countries and common in the developing countries. The food consumption patterns, giving an average per capita consumption, (Tables 8 & 9) explain the observed differences.

What is happening at the national level gets reflected at the family and individual level. Nutrition problems seem to be more common among children from large households, and those whose birth intervals are short. Mothers who start having children early and continue to have them at frequent intervals tend to be more malnourished and depleted. The contribution of malnutrition to morbidity and mortality is very well documented.

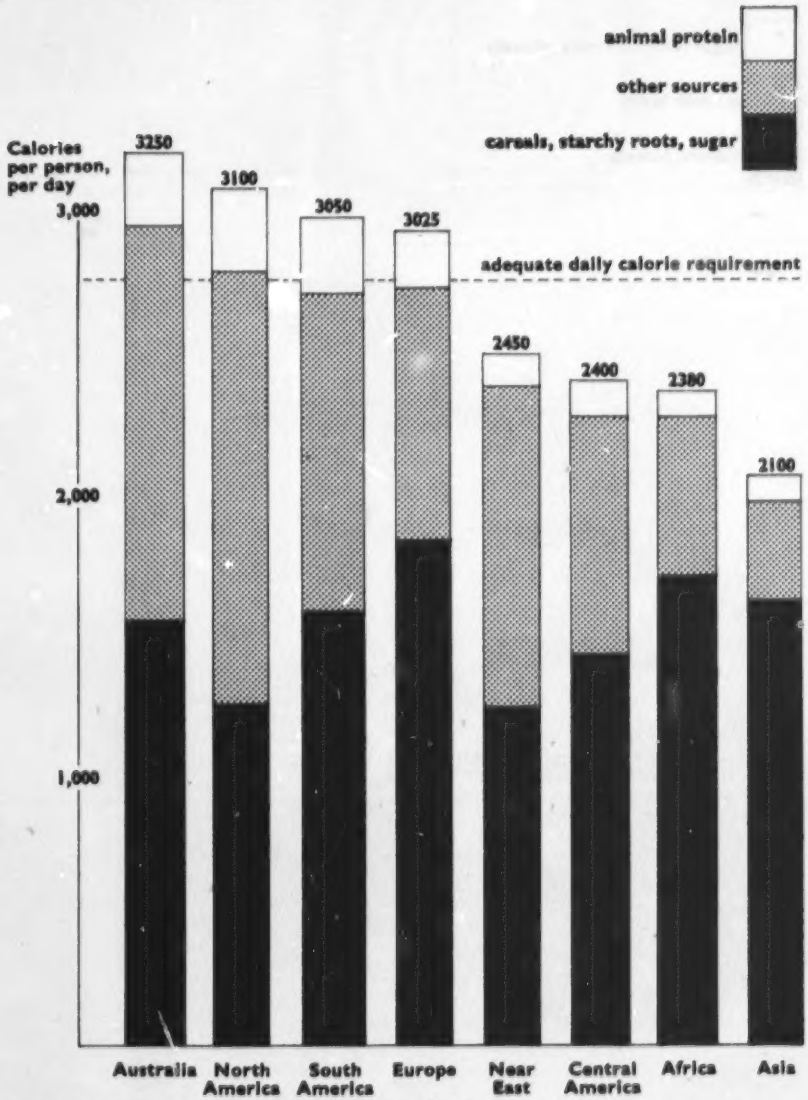
A recent Pan American Health Organization study of mortality in childhood con-

Table 8: World Consumption of Protein



Source: McHale, J.: *World Facts and Trends.* Collier Books, 1972.

Table 9: World Consumption of Calories



Source: McHale, J.: *World Facts and Trends.* Collier Books, 1972.

cluded that malnutrition was directly responsible for 5 per cent of deaths in young children and associated with the deaths of another 50 per cent.[13] Bengoa has estimated that the prevalence of malnutrition among children is almost 100 million.[14]

Table 10: Estimated numbers of children aged 0–4 years suffering from severe or moderate protein-calorie malnutrition (PCM) in three regions of the world[14]

Region	*Severe PCM*	*Moderate PCM*	*Total*
Latin America	700,000	9,000,000	9,700,000
Africa	2,700,000	16,000,000	18,700,000
Asia (excluding China and Japan)	6,000,000	64,000,000	70,000,000
Total	*9,400,000*	*89,000,000*	*98,400,000*

In relation to population growth, total food production still needs to be increased—in some countries more than in others. The protein sources of food such as pulses—peas, beans and groundnuts—as well as fish and animal foods must be increased and distributed better if the scourge of malnutrition is to be removed. At the present time, the majority of the developing countries have serious food and nutrition problems; some of these are constant, others periodic or cyclical. Food balance sheets would appear to indicate that the majority of these countries are generally short of calories by between 5 and 10 per cent. They are short of proteins by a higher percentage in relation to requirement.

There are still many areas in which agriculture is mainly dependent on natural climatic conditions. Failure of the rains or floods spells disaster. The famines of India and the Sahelien areas of Africa are classic examples of the food production difficulties that may thwart all developmental ambitions.

The health status of most populations in developing countries has been improved remarkably during the last 20–25 years as stated earlier. Most of the very serious killers of human beings have been brought under control. In many island situations or highland areas, the control of malaria has made a very important difference to the population's life expectancy. The control of cholera in many parts of Asia has had important benefits. But the further generalization of benefits is being hindered by excessive pressure on the health care systems due to rapid increases in population and inadequate delivery systems.

There is a need to increase both the health care facilities and the personnel to man them; as well as to develop more relevant delivery systems. There are very few developing countries which can boast of overall gains in health care services in relation to population growth; by many indices, such as the bed population or doctor population ratios, many countries now appear to be going backwards.[15] A similar situation exists with regard to the quantities of morbidity.

All this adds up to the stark reality that to many developing countries excessive population growth is as serious as any plague in the world today and that, therefore, it must be tackled in the same organized way as any major problem is tackled.

There is the argument, heard especially from Africa, that the continent is not over populated, and thus that population and family planning activities are not needed: what is needed is development. This kind of reasoning simplifies the issues. Modern biomedical technology is helping to reduce death rates and keep alive very large numbers of people who a generation or so ago would have died. The countries of the world are now very much closer to each other than they were 20 to 30 years ago, and each country's developmental aspirations are now very high. Development is not achievable with anything like the same simple approaches from which major health gains are made. Thus there is a real problem of how to achieve rapid development for the whole population.

The question is one of balance, as was clearly summarized in the Ghana Population Policy:[16]

> 'Ghana's population at present is about 8·5 million. This is not a large number in comparison with population giants like China or India or even neighbouring Nigeria which now has between 50 and 60 million inhabitants. What is disquieting about Ghana's population is not its size, but the fact that nearly threequarters of the present population has been added in less than 50 years—including nearly three million in the past eight years—and the prospect is for even more rapid growth in the foreseeable future. In the 25-year period between 1960 and 1985, it is highly probable that the population will double, and likely that it will grow to about two and a half times its 1960 size.
>
> In terms of absolute numbers Ghana is not yet crowded. Its ratio of population to land area—about 90 persons per square mile and roughly double what it was 20 years ago—is above average for Africa but far less than that of many European countries that are relatively prosperous. Raw density figures, however, have little meaning unless they also take into account the status of technology and resource endowment and development.
>
> The basis of concern about Ghana's population is not that the country is presently over-populated but that the growth rate is so high that it is already retarding economic progress thus frustrating national development aspirations and producing a demographic situation that could have serious social, economic and perhaps political consequences.'

We can therefore say in summary that the majority, if not all, of the developing countries have population problems in relation to their resources and their legitimate development aspirations. For most of these countries, national and individual poverty are extreme. Poverty, aggravated by rapid population growth, forms a vicious circle with low development and insecurity of life.

Perhaps no one has described with such feeling the extent and basic power for ill of poverty as Robert McNamara, when addressing governors of the World Bank in September 1973.[17] He maintained that there was a difference between relative and

absolute poverty. He stated that relative poverty simply meant that some countries would be less affluent than others, that some citizens in any given country would have less personal abundance than their neighbours. Such a state of affairs has always been the case and, granted the realities of today, this would continue for decades to come. He maintained, however, that

> '... absolute poverty is a condition of life so degraded by disease, illiteracy, malnutrition and squalor, as to deny the victims basic human necessities.
>
> It is a condition of life suffered by relatively few in the developed nations but by hundreds of millions of the citizens of the developing countries represented in this room. Many of you have cause to know far better than I that:
>
> - One-third to one-half of the two billion human beings in those countries suffer from hunger or malnutrition.
> - 20 per cent to 25 per cent of their children die before their fifth birthdays, and millions of those who do not die lead impeded lives because their brains have been damaged, their bodies stunted, and their vitality sapped by nutritional deficiencies.
> - The life expectancy of the average person is 20 years less than in the affluent world. They are denied 30 per cent of the lives those of us from the developed nations enjoy. In effect, they are condemned at birth to an early death.
> - 800 million of them are illiterate and, despite the continuing expansion of education in the years ahead, even more of their children are likely to be so.
>
> This is absolute poverty: a condition of life so limited as to prevent realization of the potential of the genes with which one is born; a condition of life so degrading as to insult human dignity—and yet a condition of life so common as to be the lot of some 40 per cent of the peoples of the developing countries.'

In most developed countries, fertility decline followed socio-economic uplift or other factors which changed the aspirations of the people. It followed either the eradication, to a great extent, of individual and community poverty, or else the creation of conditions which made it clear to individuals that high fertility would keep them permanently poor in the face of opportunities. The poor of developing countries do not see the opportunities. The poverty of homes may be so gross that a few extra mouths make no difference to the inadequacy of the existing resources, while they may be seen as a forlorn investment for the future.

Yet, to the nation, the extra mouths do make a difference. Efforts aimed at eradicating or curbing the extent of absolute poverty must be an antecedent or integral part of any attempts to slow down population growth. Among these, education, especially of the female, as well as productive employment, must rank high. Population policies and family planning programmes can then be advocated.

POPULATION AND FAMILY PLANNING PROGRAMMES

There is a need to educate politicians as to the real nature of the population problem in each country. Even countries which are thinly populated at the present time have no reason to refuse to have a population programme, nor do they have any reason to refuse to have family planning activities. Family planning has been maintained by

the world at large to be a human right. No country objected to the Teheran declaration of 1967[18] which affirmed the following:

> The population problem must be recognized as a principal element in long range national planning if governments are to achieve their economic goals and fulfil the aspirations of their people.
>
> - That the great majority of parents desire to have the knowledge and the means to plan their families;
> - That the opportunity to decide the number and spacing of children is a basic human right;
> - That lasting and meaningful peace will depend to a considerable measure upon how the challenge of population growth is met;
> - That the objective of family planning is the enrichment of human life, not its restriction. Family planning, by ensuring greater opportunity to each person, frees man to obtain his individual dignity and reach his full potential.

At the World Population Conference, Bucharest, in 1974, governments went further.[19] Every country accepted that people were entitled to get from their governments adequate information, means and services for the purpose of exercising their basic human right to determine freely and responsibly the numbers and spacing of their children. Governments also accepted that demographic policies were a legitimate field of action for the contemporary State.

Those developing countries whose leaders maintain they have no population problems, either now or in the immediate future, ought to be made aware that they are being shortsighted in the extreme and that unless they take action now they are likely to be overwhelmed. Professor J. Caldwell[20] has drawn a picture of the Philippines' population under varying circumstances which needs very careful study for the important lessons it teaches.

He has stated, rightly, that no matter what we do in the developing countries our populations will continue to increase over the next 50 years; that with tomorrow's mothers already born, even major falls in family size would mean that many more babies would be born in the following generation than the present one. He continues:

> 'the Philippines now has a population of around 40 million, a birth rate of 45 and a death rate of 12. If the country were to move towards a net reproduction rate of 1, with parents averaging about 2 children per couple instead of 6 as at present, at the rate at which Western European fertility fell this would take about 75 years. But if we postulate that the world now needs miracles and that a country can do it over the next 30 years, with the birth rate dropping an enormous 7 points per decade, the Philippines could reach a stationary population of 130 million by the middle of the 21st century. There are two important points:
>
> First, the population would continue to grow rapidly for the first 50 years, after the two-child family was established, solely because of the high proportion of mothers, and during this time would add a further 50 million to the population, so that it would be adding more people per year to its population in the first years of the 21st century, then it is now.

> Second, to achieve this end a massive reduction in fertility would have to begin immediately and there is in fact no sign of this occurring. A 10-year delay, beginning and ending the period of change would ultimately add another 25 million to the population'.

It would be useful for demographers and other people interested in population to undertake this kind of exercise for politicians and policy makers in the developing countries. It is to be hoped that such demonstrations would help to convince them, not only of the inevitable long-term increases in the population, but also of the pressing need to initiate population and family planning programmes in order to avoid the certain stultification of their development plans.

Population policies and programmes ought to be considered, by all countries, as a priority in their concern for economic development. Most countries of Europe and America have population growth rates that are very small. They could help the developing countries a great deal more by overtly stating population policies which are related to resource use, to environmental pollution, and international justice. The developing countries would then realize that the population growth rates of Europe, North America and Russia are not being reduced simply so that such nations can expand consumption even further and make the gap between the developed and the developing countries even wider than it is. In developing countries, the plans for population regulation must be a part of overall development plans which seek to ensure:

- □ adequate food and nutrition
- □ education and the creation of jobs
- □ social justice by way of better income distribution and concern for the individual
- □ measures aimed at the improvement or maintenance of health

Without plans which devote some serious attention to these points, a population policy and programme have little—if any—chance of success in developing countries. The objectives of a population plan have to be clearly stated. Realistic demographic objectives should include not only the decline expected in birth rates, but also those expected for death rates, especially infant and child mortality rates.

Family planning programmes within a population plan must be established not only towards the implementation of demographic objectives, but also to ensure individual and community health and well-being as well as human rights. Such programmes will have to be very comprehensive, and with a good outreach.

There has been very great concern of late with family planning programmes and their lack of success. Some of the reasons are found in the conditions operating in the countries discussed in this paper. Others are based on the programmes themselves and the unfortunate role that doctors and clinics are made to play in so many of them. Programmes must be regarded in the same way that we look on many public health activities; they cannot be done for a community. The community must do it for itself.

To be successful therefore a family planning programme must make for:

(*a*) the widest, cheapest and easiest possible way of distributing contraceptives. In many countries this would involve changes in laws, the training or re-training of personnel and perhaps subsidization of the total programme;
(*b*) identification and maximization of doctor-dependent methods of fertility regulation such as vasectomy, tubal ligation and abortion;
(*c*) full utilization of health facilities and personnel for training, support, supervision and evaluation of all activities.

The developed countries of the West, while advocating and supporting family planning programmes, maintain policies over certain contraceptives that make their wide availability in developing countries improbable, if not impossible. In both Britain and the United States the pill is still on prescription in spite of its known safety. This limitation is taken up by leaders in developing countries who also maintain that the pill can only be supplied on a doctor's prescription—thus condemning large numbers of women to unwanted, unplanned and risky pregnancies.

Whilst many are anxious to follow the wrong lead over the pill they recoil from following the honest lead over abortion. One hears very frequently in Africa and other developing areas, 'We shall have to consider the question of abortion in our own social and cultural situation'. Most of the time the reference is to imported Anglo-Saxon or Latin Christian culture and law. This is most obvious when one looks at Francophone Africa. The fact that until recently France had no population policy, that it did not contribute to population and family planning programmes and as a country did not advocate these, has led to a conspiracy of silence over these issues in many African countries. The recent changes in the French abortion laws have not yet influenced Francophone Africa.

Abortion deserves some mention as it tends to generate so much heat and public debate. Two important facts have to be remembered. Abortion has always been resorted to by women who are desperate, and harsh laws have only helped to make abortions very unsafe and expensive for the poor and the ignorant. Secondly, Japan's experience is conclusive proof that abortion is the surest possible single method for cutting the birth rate rapidly.[21] Abortion should not be considered as an alternative to contraception but it must be emphasized that a population-cum-family planning programme that makes no provision for abortion is incomplete and may not achieve full or rapid success. With the kind of crisis that confronts the world, all proven methods must be carefully considered and given their proper role.

There is no doubt that much more aid would be required to achieve any of the objectives discussed in this paper, but aid should not be tied to a condition that a recipient country should have population programmes first. It must be stressed that much of the sting will be taken out of the arguments of those who maintain that population assistance is thinly-clothed genocide if such assistance has a broad development base. Youthful and enthusiastic advocacy by instant experts of one-shot solutions must also be curbed and unrealistic expectations of results must be controlled. The

problem is far too complicated for easy solutions. In the final analysis every community has to make its own decision and involve its own people in programmes. Aid should never be used for forcing a people to move in one direction or in another. This leads only to resentment, obstruction and ill-will, and pushes yet further away the time for realistic national and community involvement in these very important programmes.

CONCLUSION

There is a need for all of the developing countries to recognize the population problem for what it is. At the national level this is a problem which saps national resources, and leads to the maintenance of poverty and the persistence of illiteracy, with all its attendant ills. What is being advocated is not a reduction of national numbers and consequent power or prestige, but a balancing of the development of the human numbers with national resources and national capabilities, so that the people of each nation would be able to attain their full genetic and social potential and contribute fully to that country and the world. The attainment of this goal is being thwarted in many countries in the developing world by wrong approaches to development and by a too-rapid increase in the numbers of the people; hence the need for balanced, integrated and comprehensive population and people-oriented development programmes.

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